

FROM THE AUTHOR.
ON

PROPHYLACTIC & CURATIVE

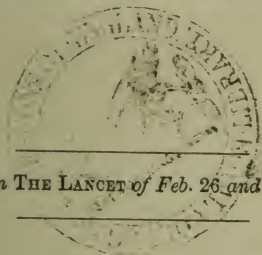
SYPHILIZATION.

BY

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BY M. RICORD.

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ON

PROPHYLACTIC AND CURATIVE
SYPHILIZATION.

“Occultum inspires ignem, fallasque veneno.”

ÆNEIDOS, Lib. i. 688.

OUR age is fertile in inventions and discoveries, which have caused alterations of vast magnitude, and undoubted improvements in the social state of man. The human mind, in its indefatigable activity, has been at work in all the provinces of science and art, and practical applications have followed very closely upon ingenious theories and well-ascertained principles. The science and art of medicine has not escaped the mighty influence of this mental restlessness, and for the last half-century innovations of various kinds have successively been made. Among these, some, which I need not detail here, have been universally hailed and adopted; and others, into the consideration of which it is not my purpose to enter, have been accepted by only a small fraction of medical men, and rejected by the rest. Now, I consider that new doctrines in medicine should never be set aside without due and dispassionate examination: let them, if they have stood the trial of close analysis and logical discussion, be adopted; and if found wanting, energetically rejected and condemned. Without enumerating the follies of the day, I would state that the dispassionate examination which I have just mentioned has been ably made by various writers, as regards homœopathy; and it is a scrutiny of the same kind, respecting prophylactic and curative syphilization, which I shall now attempt.

The subject is one of a startling kind, and has very probably attracted the attention of many members of the medical profession. Indeed, syphilization has been so warmly discussed, and men of such eminence have taken part in the debates, that every practitioner is more or less aware of the insane attempt which has been made to introduce into the legitimate practice of medicine this new mode of preventing and treating syphilis, the supporters of which propose no less than to saturate every human being with the syphilitic virus, either to cure existing symptoms of the same disease, or to render individuals proof against contagion before any syphilitic manifestations have occurred.

I may perhaps be allowed to state that I take much interest in the question, as I was present last summer at some of the discussions which took place before the Academy of Medicine of Paris, and because I had several conversations with my honoured teacher, M. Ricord, (whose hospital I had gone to revisit,) on this unfortunate *isopathy*, as he called it. I need hardly say that this eminent surgeon repudiates with all his might the pseudo-doctrine of syphilization, and no less could have been expected from his excellent judgment and vast experience.

The principal facts bearing upon this question are generally known; but the actual nature of the theory and practice of syphilization, the circumstances which gave rise to the wild scheme, the extent to which it has been applied, and the arguments brought forward by the supporters of the method and its opponents, are perhaps not very clear to every one. I may therefore serve a good purpose by presenting in a connected form, the features which I have just enumerated, and my own views regarding the new system.

Contagious diseases are conveniently divided into those in which the morbid poison may be isolated and accidentally or artificially implanted upon human beings, and those in which the virulent and contagious principle is known only by its effects, these being in general regular, ever alike, and not under our control or guidance. Among the first class, I would mention small-pox, hydrophobia, the deadly results of snake-

bites, glanders, and syphilis; among the second, I need hardly name typhus, scarlatina, rubeola, &c. Now, in the former of these two classes, there is but one disease against which an almost certain preservative has been discovered—small-pox has ceased to destroy a large proportion of the infantile and sometimes adult population; and, thanks to the immortal Jenner, the scourge is kept in abeyance. It should, however, not be overlooked that inoculation *preceded* vaccination. No preservatives are known regarding the rest of the diseases of the first class; hydrophobia, the effects of venomous bites, (as illustrated by the late accident,) glanders, and syphilis, remain as fearful and destructive as ever.

But the fact of the inoculation of the small-pox virus having really and truly been ascertained to act as a preservative of the malady, has naturally led to the inquiry whether a similar proceeding might not be equally advantageous in some of the contagious diseases to which I have just alluded; and from a little false reasoning, it has lately been inferred, that by inoculating the syphilitic virus in sufficient quantity, a man, already affected, might be cured, and shielded from further attacks of syphilis; and others, who had never had the disease, be brought so far as to be able to expose themselves to infection without being contaminated. I shall presently inquire what are the real tenets of the originator of this plan, and the facts which he brings forward to support his views; but before doing this, it will be useful to throw a retrospective glance at the attempts which have been made in the same direction; we shall thus be enabled to judge more distinctly of M. Auzias Turenne's merits.

In a book published at Paris in 1815, by Luna Calderon, entitled "Practical Demonstration of Syphilitic Prophylaxis," a great number of experiments are given, which were made in 1812 before a committee at the Venereal Hospital of Paris, tending to prove that the author possessed unfailing means of preserving himself from contamination. These experiments were carried on in a perfectly authentic manner, they were constantly successful, and M. Ricord quotes several of them in his work on "Inoculation." It is unfortunate that Calderon

kept his secret to himself; M. Ricord, however, thinks that it probably consisted in the use of some caustic saponaceous substance.

It has, indeed, been found that purulent matter from a chancre, mixed with an alkali or a slightly concentrated acid, and *then* inoculated, produced no effect; but Calderon allowed *pure* virulent matter to be inoculated upon his prepuce and various parts of the glans, and always left the hospital before applying any of his preservative. No means but a complete destruction with the caustic are in our days known for obtaining such results, and the register of the hospital where the experiments were made shows that no mark of cauterization was ever observed.

Another prophylactic agent has lately been proposed, also in Paris, by M. Langlebert, and the discoverer has published the favourable results which he has obtained upon himself after the artificial inoculation of the syphilitic virus. The following is the formula, as extracted from the "Foreign Department" of THE LANCET, vol. ii. 1851, p. 375:—Alcohol, ten drachms and a half; striped soft soap, prepared with potash, the same quantity. Dissolve the soap in the alcohol; strain, and add five drachms of the essential oil of lemons.

M. Langlebert mentions the following experiment:—He took purulent matter from an indurated chancre, and inoculated the *left* thigh of one of his pupils, who had volunteered his services. On the *right* thigh scarifications were made with a lancet charged with the same matter. Nothing was applied to the *left* side, but on the *right* the preservative was used after five or six minutes. A regular pustule sprung up in due time on the *left* thigh where nothing had been applied, but on the *right*, on which the preservative had been tested, a mere thin and dry crust appeared. Further experiments have been made upon two other pupils, (who had requested the *favour*,) as well as upon M. Langlebert himself, and success is said to have been complete. M. Ricord has not yet reported to the Academy of Medicine of Paris upon this new prophylactic of syphilis.

I shall not enter into the consideration of the other prophylactic

lactic means which have from time to time been proposed; suffice it to say, that up to M. Auzias's time inoculation as a *preservative* had not been thought of, but as a *curative* agent it had been used by Percy, who employed it principally with the view of modifying a very obstinate case of syphilis, the patient having been pronounced incurable. Percy's attention was first attracted by the following occurrences:—

A drummer in the French army had been treated during a considerable period for a deep chancre at the corona glandis, a bubo in the right groin, pains in the limbs, and a general icterus. At last, tired out by the uselessness of the treatment, he brought upon himself a new infection, which gave rise to a great number of verrucae on the corona, a second chancre on the prepuce, and the enlargement of the first. The bubo and pains in the limbs became likewise worse, and the icterus remained as before. The patient was admitted in this state into the military hospital of Besançon, and was perfectly cured of the old and new symptoms by twenty mercurial frictions.

The second case which gave Percy the idea of inoculating the virus, runs thus:—"In 1777, a gentleman, holding office in the Treasury, underwent the usual treatment for a chancre on the velum palati, two on the penis, and a great many mucous tubercles on the verge of the anus. The mercurial frictions caused the two chancres on the penis to cicatrize, but the one on the velum persisted; the mucous tubercles, which had been cut and cauterized, soon afterwards re-appeared, and aphonia and singing in the ears were super-added to the other symptoms. The patient now placed himself in the hands of a second surgeon, but a treatment of six months left him as bad or worse than before. At this stage he fell into loose habits, and became infected afresh; the cicatrized chancres took on renewed ulceration; a third one sprung up, and a bubo in the groin, as well as deep sores on the whole of the velum became apparent. Percy now undertook this patient; sixteen mercurial frictions were made, and all the symptoms vanished without any salivation being induced.

Let us now examine the case in which Percy, remembering the two preceding ones, actually used inoculation of the syphilitic virus as a therapeutic agent.

The patient was an artilleryman, who had been affected with syphilis for a considerable period. When he came under the care of Percy, he had used a great many remedies, and had still upon him a chancre which had destroyed the left tonsil, another occupying two-thirds of the corona glandis, an eczematous eruption on the perinæum, scrotum, and left thigh, purple papulæ on the forehead, and a general cachectic, leaden hue of the skin. Percy, after having used bichloride of mercury to no purpose, inoculated virulent matter upon this patient's arms, making three punctures on the right and three on the left side. On the sixth day, pustules, surrounded by an inflammatory areola, began to appear. On the seventh, the arms swelled up, some of the axillary glands became enlarged, and symptomatic fever ran high. On the eighth day, the pustules had coalesced, broken, and formed one suppurating sore. The throat had in the meanwhile become painful, but the chancres had not increased. On the fourteenth day, the artificial ulcer of the right arm was healed up, whilst that of the left had become larger, but the pain which had been felt in the chancre and the eczematous eruption had disappeared. On the eighteenth day, the patient came round to the same state in which he was before the inoculation, except that the chancres of the tonsil and the corona were larger, and that a deep ulcer was still observable on the left arm. Percy's father now conducted the case, and with sixteen mercurial frictions, the first of which was begun six weeks after the inoculation, a perfect cure was obtained.

Now what can be inferred from these facts? Simply that old symptoms have, in a few isolated cases, given way, along with more recent ones, (the latter being accidentally or artificially superadded,) by the renewed use of the same therapeutic agents which had before failed. But this circumstance does not prove that the fresh symptoms had any direct action on the disease or assisted in the cure. It would therefore be wrong, upon such slight grounds as these, to advise

new infection, the effect of which may, as far as we know, be excessively prejudicial instead of conferring any benefit.

It has, nevertheless, been recently proposed to inoculate virulent matter again and again, in order to cure both primary and secondary symptoms, or shield individuals who have never had syphilis from the effects of a casual infection. But when we inquire more closely into the wild theories which have of late been broached, we find that there are four different systems of inoculation, or isopathy, now before the profession. The first—the author of which is M. Diday, of Lyons, advocates a kind of vaccination; the second, which belongs to M. Laval, a young practitioner of Paris, restricts itself to the cure of *secondary* symptoms; the third, proposed by M. Auzias Turenne, is the so-called prophylactic and curative syphilization; and the fourth, brought forward by M. Sperino, of Turin, has much similarity with the third, differing principally in the manner of making the inoculations. It should likewise be mentioned that M. Thiry, of Brussels, has tried inoculations of the matter of chancre to cure *cancer*. This attempt has not been constructed into a regular system, and does not, therefore, come under the four heads just mentioned. I shall presently devote a few words to M. Thiry's views, and will now proceed to examine the four methods of syphilization.

The first system, that of M. Diday, of Lyons, is very far from calling for the complete repudiation which syphilization, properly so termed, fully deserves. M. Diday was a pupil of M. Ricord, and has upheld his master's doctrines with great talent at the Venereal Hospital of Lyons, of which he has been surgeon. Like all those practitioners who frequently come in contact with syphilitic patients, he was struck and grieved at the rapid manner in which the disease spreads, and bethought himself, since the most highly recommended prophylactics are of little avail, whether syphilis might not have its cow-pox as well as variola. It was not, however, among the inferior animals that he sought for his preservative, but he fancied that the syphilitic virus, very much

weakened, as it is supposed to exist in the blood of patients affected with *tertiary* syphilis, might, by being inoculated upon individuals suffering from chancre, preserve them from secondary symptoms.

It will be at once perceived that this is not a complete imitation of vaccination; for the tertiary blood is intended to preserve from secondary syphilis those persons who are *already* affected with primary symptoms. M. Diday, however, cherishes the idea of finding a vaccine virus, which may as effectually protect healthy individuals from chancre, though exposed to infection, as cow-pock matter preserves from variolous attacks.

This curative vaccination, as it is called, has been the subject of experiments at the Venereal Hospital of Lyons. Sixteen patients, having recent chancres, were subjected to this vaccination, and inoculated, by means of a lancet, with blood taken from a man labouring under tertiary syphilis. The punctures healed very rapidly, and there was, contrary to what takes place in real vaccination, no local manifestation. No mercury was given, and these patients, after the healing of the chancres, were watched for six months or more. One of these men had had an indurated chancre, and was of course attacked with secondary symptoms; a second proved untrue in his statements; and because the fourteen others did not suffer from secondary syphilis after from six months to a year had elapsed, M. Diday jumps to the conclusion that the tertiary blood has acted as a preservative, regardless of the very first tenets of his master, M. Ricord, who says, that simple unindurated chancres require no mercury, because they are never followed by secondary symptoms. So enthusiastic, however, was M. Diday, that he proposed to take the utmost care of a few patients labouring under tertiary syphilis, and preserve them as store-houses of syphilitic vaccine matter, if the latter could not be kept like the real cow-pock virus.

I am not prepared to throw ridicule on M. Diday's experiments; his intentions are evidently good, for he is anxious that syphilis, as well as variola, should have its preservative. But

one circumstance should ever be borne in mind—viz., that small-pox may reign *epidemically* or be *accidentally* caught, whilst matters are quite different as far as syphilis is concerned. M. Diday has proceeded very cautiously; for fear of doing harm, he took blood rather than pus, and made use of tertiary affections instead of venturing with secondary symptoms. His is a harmless error, and forms a very advantageous contrast with the wholesale inoculations of virulent matter to which I shall presently allude.

After M. Diday, we find M. Laval, not exactly in a chronological order, but being second as far as regards prudence and caution in the experiments. This young surgeon took curative syphilization as the subject of his thesis, after having, like a true enthusiast, made experiments upon himself. His view is to substitute inoculations of virulent pus for the use of mercury in the treatment of *secondary* syphilis. His ideas were made public *after* the prophylactic and curative syphilization of M. Auzias Turenne had been proposed and carried into practice, but I mention M. Laval now, because he confines himself to the treatment of *secondary* syphilis.

M. Laval's experiments were carried on at the military hospital of Val de Grâce, under the patronage of one of the surgeons of the institution, M. Marchal (de Calvi), who took up the subject very warmly. The number of patients was sixteen; seven had syphilitic psoriasis and roseola; four were affected with specific ecthyma and psoriasis; and five had mucous tubercles: almost every one of these men presented marked induration in the part where the chancre had first appeared, and the posterior cervical glands were enlarged in all. Only two inoculations of virulent syphilitic matter were made upon each patient, and in a short time the above symptoms disappeared: the induration of the chancres vanished in twenty days, and the secondary symptoms in about ten, but the inoculated chancres took *fifty days* to cicatrize.

Now, these experiments (which were stopped by the military medical authorities) prove literally nothing; for it is well known that cutaneous manifestations and the induration left after chancres will gradually go off under the most simple

treatment; but this result has very little to do with the eradication of the syphilitic *diathesis*, which is in general sought to be effected by the use of mercury. M. Ricord showed me repeatedly in his wards, last summer, that dry lint and simple diet drinks were sufficient to remove secondary symptoms of a mild variety, and he used to point out the patients to me with a view of proving the complete insufficiency of the above-mentioned experiments.

One case, however, has been held up as capable of supporting M. Laval's doctrines—viz., that of an infantry officer, who had a spreading secondary ulcer of the tongue. After one inoculation of matter taken from a chancre, the ulcer, which had before been very obstinate, began to improve. Several inoculations were afterwards made; the ulcer went on healing, but the patient was obliged some months afterwards to apply to M. Ricord *for well-marked tertiary symptoms*; so that the case upon which the greatest reliance was placed crumbles into nothing.

As to M. Laval, he considered himself completely syphilized, and proof against any inoculation; this circumstance was very much cried up, but it happened that the pus, which was used to try his powers of resistance, also failed upon other patients. When, however, purulent matter taken from a chancre at the period of development was employed, he was found to be but a weak inoculable mortal after all.

So much for M. Laval and his inoculations proposed for the cure of secondary symptoms! I now come to M. Auzias Turenne, the syphilizer *par excellence*. It appears that as long back as 1844 M. Auzias had made numerous and persevering experiments on animals, in order to examine whether Hunter, Ricord, Cull  rier, and others, were not mistaken when they affirmed that the lower animals were insusceptible of taking syphilis. M. Auzias was afforded great facilities by the managers of the Zoological Gardens in Paris; he carried on his experiments with much care, and did really at last succeed in inoculating chancres upon some apes. I cannot enter here into the details of these experiments; suffice it

to say that the ulcerations induced upon the monkeys (behind the ear, a locality inaccessible to the animal's tongue) was so *bonâ fide* of a specific kind, that the pus secreted by these sores being inoculated upon a German physician, M. Robert de Welz, produced both primary and slightly marked secondary manifestations. Now, it is plain that M. Auzias has really and truly succeeded in giving chancres to monkeys, but I am much inclined to side with M. Ricord in considering this as a mere transplantation; for it should be noticed that the syphilitic disease is more comprehensive than the mere production of a chancre; it is a constitutional affection, and it still remains doubtful whether the lower animals are obnoxious to the malady, as *no secondary symptoms* have ever been observed among them.

Now, during these inoculations upon animals, which proved that it is extremely difficult to communicate the disease to the poor creatures, M. Auzias *thought* that the more numerous the ulcerations, the feebler the later ones developed themselves; and this descending scale seemed to him so marked, that he at last fancied that the animals had become proof against any further infection, and he forthwith looked upon them as being *syphilized*. The fact being thus construed into a kind of saturation, M. Auzias bethought himself that perhaps the same saturation might be effected in man; and in the experiments which he now begun upon human beings, he relied both upon the supposed immunity observed in animals, and upon another fact which had been noticed and made public by M. de Castelnau, the editor of the *Gazette des Hôpitaux*. This was no less than a species of saturation, or immunity, which the latter surgeon had observed among the prostitutes under treatment at the establishment of St. Lazare, where all diseased women of that description are obliged to repair. M. de Castelnau had found that such of these unfortunate women who had frequently suffered from syphilis, had at last become refractory to infection, and were even sought after on that account.

Now, upon these facts, which are, to say the least of them,

anything but established, and vaguely and unsatisfactorily described, M. Auzias boldly begun to inoculate purulent matter from chancres upon healthy and diseased subjects, with results which I shall presently describe. Before doing so, however, I must be allowed to refute an assertion which has been made by some of M. Auzias's supporters.

They say that Hunter and Ricord made inoculations on a large scale, and that the new doctrine is merely an offset of Hunter's school. Nothing, however, can be more erroneous, for every one knows that inoculations were made both by the English and French surgeons upon persons *already* affected with syphilis, and with the purulent matter secreted by their own sores. Patients could, in this way, not be any worse off from the experiments which were instituted; and comparing the odious method of implanting syphilis upon perfectly healthy or slightly-affected individuals with the scientific and prudent inoculations of Hunter and Ricord is perfectly unjustifiable.

Now, it would appear that in this instance, as in all circumstances when anything of a strange, new, mysterious, and startling kind is proposed, the human race has been true to tradition, and numerous victims are being voluntarily made at the shrine of syphilization. So extensively multiplied have inoculations become, both on healthy and diseased subjects, that M. Auzias asserts having tried his method upon more than 300 patients, 17 of whom are, according to his statement, completely syphilized, and insusceptible of taking either gonorrhœa or chancre. These are, however, mere assertions, and no cases or facts have been brought before the profession, except such as are of so melancholy and mischievous a description as to attach the greatest blame on the operators.

M. Auzias was nevertheless so emboldened by his pseudo-success, that he applied to the Chief Commissioner of Police for permission to carry on his experiments at the hospital for prostitutes. The Commissioner asked the Academy of Medicine to appoint a committee to report upon the doctrine of syphilization, and to advise him how to act; this report has

not as yet been published.* The Academy has, however, largely discussed the matter, in consequence of a report of M. Bégin, which was rendered necessary by M. Ricord presenting to the Academy a patient *supposed* to be syphilized.

Let us now inquire more closely into the theory of syphilization, and afterwards sketch out a few features of its practice. As I have already stated, M. Auzias maintains that he has been able to syphilize monkeys — i. e., that among the numerous experiments which he made upon these animals, only in two instances did the creatures seemingly prove refractory to further inoculations; doubtful results were then obtained upon human beings, (for not one patient has ever come forward who was really and truly proof against infection,) and upon this we find the author promulgating a set of laws and rules, which, for obscurity, dogmatism, and mysticism, completely beat the precepts of homœopathy and mesmerism.

These laws are extremely numerous; among them we perceive the fixation of a scale of superior and inferior purulent matter; the determination of syphilism, or the aptitude of individuals to become syphilized, &c. One decree of M. Auzias explains why certain chancres are followed by constitutional syphilis and others not, in the following manner:—"No one is proof against constitutional syphilis before being syphilized. If many people escape secondary symptoms, though they have had chancres, it is because they have caught them in either too small or too large numbers, and in a peculiar kind of succession. Constitutional syphilis may artificially be implanted upon any human being, as well as animals, in regulating, by means of inoculation, the number and succession of chancres." It is with this simple assertion that the author attempts to upset M. Ricord's beautiful theory of the non-in-

* The report of this committee was presented to the Commissioner on the 28th of February last, (some time after the above remarks were first published.) The conclusion of the document is as follows:—

"The committee are unanimously of opinion that M. Auzias Turenne should not be authorized to practise syphilization in any public institution."

Signed by

Messrs. MELIER (chairman), RICORD, DENIS, CONNEAU,
MARCHAL (DE CALVI), secretary.

durated and indurated chancre, the latter followed by secondary symptoms, the former, never.

Another law is the following:—"Syphilization is in a direct ratio with the number of simultaneous chancres." Thus, according to M. Auzias, if we were to inoculate, say fifty chancres, at the same sitting, we might, without much trouble, syphilize a person at once. Nor are the benefits of syphilization confined to becoming proof against syphilis, because we observe M. Auzias stating in his twenty-ninth law—"Syphilization acts as a *tonic*; it increases the appetite, and the assimilating force of organs; it may act as a remedy of other diseases, especially of *cancer*." I stated a little while ago, that this latter therapeutical virtue had actually been tried at Brussels, and had completely failed; I shall just glance at this occurrence by way of digression.

Whilst M. Ricord was on a visit at Brussels some months back, a man, affected with cancer of the penis, and under the care of M. Thiry, surgeon to the St. Pierre Hospital, was inoculated in the thigh with pus from a chancre at the period of development, in the hope that one disease would neutralize the other. The chancre took well, but the progress of the cancerous ulceration was not stopped. A bubo now formed, and soon broke, and it became a question whether the abscess was connected with the cancer or chancre. The problem was, however, soon solved by cancerous cells being found in the pus secreted in the groin. The patient died some months afterwards, and on a post-mortem examination, cancerous masses were found in the pelvis and along the lumbar glands. So much for the antagonism between syphilis and cancer. Let us return to M. Auzias.

Fully relying on the efficacy of syphilization, and making nothing of covering the thighs and arms of individuals of either sex with scores of chancres, the author says, (Code of Laws, No. 34,)—"The syphilitic virus is the best remedy against the action of the syphilitic virus, and hence the following persons should forthwith be syphilized: Firstly, all those who are labouring under syphilis, whichever be its form; secondly, all prostitutes; thirdly, all soldiers and sailors; fourthly, all

individuals who spend their lives together, as prisoners, factory-men, &c.; fifthly and finally, all those who may be exposed to contagion." In fact, when every one shall be saturated with syphilis, the disease will no longer have any existence; such is the spirit of M. Auzias's plan.

Thus one of the most destructive poisons which afflicts mankind, which shows its baneful effects in the offspring, and which, according to some authors, is hardly ever eradicated, is proposed to be artificially infiltrated into human organisms. But matters have not remained fenced in by theoretical limits; more victims have certainly been made than have come forward, but among the latter I shall just mention a M. L—, a medical man, who, as I stated above, was presented to the Academy by M. Ricord. The case is extremely interesting, and may be sketched in a few words.

M. L—, in experimenting upon himself to try how far specific ulcerations could be brought to cicatrize by the use of cold water alone, took purulent matter from a *seemingly* secondary ulceration of a friend of his, likewise in the medical profession, with which he succeeded in giving himself both primary and secondary syphilis. He then applied to M. Auzias for the cure of these symptoms, whereupon the latter inoculated him with the pus of the sixtieth chancre of a gentleman also undergoing the syphilization treatment. In spite of the numerous inoculations which were now made, the secondary symptoms became worse, and 200 inoculations did not keep off tertiary syphilis, which manifested itself by an exostosis of the right ulna. It was clearly shown in this case that chancres do not diminish in size as the inoculations are multiplied, for the later ulcerations were as large as the earlier ones.

I must not omit to allude to another patient, a M. J—, who, after supposing that he was completely syphilized, exposed himself to contagion, and caught a chancre, which was cauterized by M. Auzias himself. This patient subsequently *died*, carried off by erysipelas, which attacked his arm, thickly covered with inoculated chancres.

Closely allied to the latter is the case of a young female, a

friend of the deceased, who endured more than 150 inoculations, principally on the abdomen. She eventually fell into a state of marasmus, and was obliged to apply to M. Ricord for severe secondary syphilis.

There is finally the case of a patient at Lyons, who, after eighty inoculations in six weeks,—six, ten, twelve, and eighteen punctures being made at a time,—found the chancre for which he was undergoing the treatment increasing in size, and secondary symptoms becoming manifest. In this case the last inoculations turned phagedænic, and yet the syphilizers maintain that inoculated chancres diminish in size as their number increases.

Now, by the side of cases such as these no actual *bonâ fide* cure, or well-ascertained immunity is brought forward; and even could such be adduced, the benefit would have been conferred at the risk of life or future health, and with the ugly accompaniment of horridly tattooed arms, legs, and abdomen.

Having now disposed of M. Auzias, let us turn to the *fourth* of the systems of syphilization—to that of M. Sperino, surgeon of the venereal hospital of Turin.

This gentleman had noticed that phagedænic and sloughy chancres were seldom followed by secondary syphilis; that of the patients who were admitted with primary sores, some had secondary symptoms and others not; and that buboes healed pretty fast when he made inoculations for the sake of diagnosis. M. Sperino had seen all these phenomena, which are perfectly simple and intelligible to every one but himself, when M. Auzias announced to the Academy of Sciences of Paris that he had succeeded in syphilizing animals; the Italian surgeon forthwith considered this communication of M. Auzias as a brilliant light thrown upon the therapeutics of syphilis.

M. Sperino, therefore, began to syphilize the female patients of his hospital, and for five months, carried on his experiments upon fifty-two women, but has not as yet given any details of the cases. He merely says, in a communication to the Medical Society of Turin, “The patients who were inoculated had all, on their admission, either primary or

secondary syphilis; the inoculations were always made with a lancet, mostly on the abdomen, and repeated twice a week. The punctured spots used to be covered with adhesive plaster, the pus being always taken from chancres in active development, either upon the patient herself or upon another, when the former had no primary symptoms. The punctures, at the beginning, invariably produced large ulcers, smaller ones afterwards, and the inoculations became at last powerless."

When the patients were thus saturated or syphilized, M. Sperino tested the immunity, by introducing into the urethra, vagina, rectum, &c., of these poor women, specific purulent matter, but without effect. The primary chancre was never cauterized in any of the above-mentioned experiments, no mercury or iodine were given for the secondary symptoms, the simplest dressings always used, and from the inefficacy of the pus carried into the canals just alluded to, M. Sperino concluded, that syphilization was not only curative, but also an excellent prophylactic. He finally states with exultation that the inoculations have triumphed over the most inveterate secondary manifestations, where mercury, iodine, and cauterizations of various kinds, had failed. M. Sperino, however, doubts whether the immunity will be permanent, and whether secondary symptoms will recur or not. The patients have now been watched for a few months, but this space of time is of course too short to judge, though it is already known that some have returned to the hospital, and others lost their lives.

Before discussing M. Sperino's experiments and practical deductions, I shall cursorily run over four cases which were published by M. Diday, in the *Gazette Médicale*, as being translated from M. Sperino's manuscripts, in order to show how the inoculations were carried on.

1. "Girl, sixteen years old; indurated chancre on the right labium. From the 12th of May to the 22nd of August, 1851, (thirteen weeks,) ninety-two inoculations on the abdomen; origin of pus imperfectly given; the chancre heals; and because the patient leaves the hospital with the last twenty

inoculations producing only small pustules she is discharged as *almost syphilized*.

2. "Girl, sixteen years; chancre on the cervix uteri. Seventy-seven inoculations in two months, on the thorax and abdomen; high fever; cauterization of the cervix; the chancre heals; and because the last two or three inoculations remain negative, (the origin of the pus unknown,) she is discharged, well-tattooed, and pronounced syphilized.

3. "Girl, sixteen years; two large chancres on the fourchette. During four months, eighty-four inoculations on the abdomen and thorax, (not a word as to where the pus was obtained,) and because the few latter inoculations do not take, and the chancres of the fourchette heal, the patient is looked upon as syphilized.

4. "Girl, of twenty-five years, large chancres on the fourchette, the labia, and anus. In the space of four months, eighty-one inoculations on the abdomen and thorax; venesection for uterine congestion; health good on her discharge; chancres healed; and because the few latter inoculations failed to produce pustules, the girl is thought completely syphilized."

While on the subject of patients thus treated in Italy, I shall briefly relate a case published by M. Zelaschi, of Turin, which has been considered as a triumphant example of the virtue of syphilization.

T. C——, twenty-nine years of age: chancre in 1851 on the prepuce, by the side of an induration left after a similar ulcer caught in 1850; concomitant gonorrhœa. When the treatment began the chancre was thirty-five days old, and had been cauterized three times to no purpose. From the 22nd of June to the 5th of July, twelve inoculations on the thighs, which all take well; the original chancre in the meanwhile increases, and a bubo appears in the groin. The artificial and the primary ulcers become so phagedænic, that the inoculations are suspended for thirty-five days, during which time bleeding and other antiphlogistic means are used. After this period, secondary symptoms appear, the eruption being papular, and periostitis occurs on the tibia. The primary chancre had by this time destroyed the anterior half of the prepuce; the gonor-

rhœa remained acute, and was complicated by ardor urinæ. In this desperate state of things, M. Sperino advised a new course of inoculations, the punctures to be made on the abdomen, and no less than twenty at a time. In thirty-five days, 130 of these inoculations were made, and the latter ones were looked upon as of a negative character. The primary and secondary symptoms gradually gave way, and the patient, after this severe trial of syphilization, was pronounced syphilized, and barely escaped this shocking ordeal with his life.

An eminent surgeon of Paris, M. Gosselin, who is appointed at the Female Venereal Hospital, has lately repeated these abdominal inoculations upon a girl of sixteen, in order to test the value of this treatment. In this case every one of the results confidently announced by MM. Sperino and Zelaschi were distinctly wanting. The secondary symptoms were not in the least influenced by nineteen inoculations, and the artificial pustules always remained the same size. M. Gosselin was at last obliged to give the girl mercury.

It is hardly necessary, after the sketch which I have just attempted, to enter upon a formal refutation of the arguments brought forward by the supporters of syphilization; the facts speak for themselves, and the practice condemns the theory. M. Malgaigne and M. Depaul, who stood up as the champions of curative syphilization in the Academy of Paris, have brought forward ill-ascertained cases and captious reasoning to defend M. Auzias and his system. But it will remain clear, notwithstanding their undoubted elocutionary powers, that it is much simpler and less dangerous, with secondary symptoms or an indurated sore, to take a few mercurial pills than to be inoculated with hundreds of chancres; and with a non-indurated primary ulcer, to adhere to M. Ricord's practice, and use neither mercury nor inoculations. As to prophylactic syphilization, it is at once repudiated by good sense and morality, and must be discarded as mischievous in the extreme. Schemes like these lead to still more extravagant ideas; indeed they have already given rise to the proposal of inoculating the poison of hydrophobia and glanders as a preservative of these diseases. I even find a corre-

spondent of THE LANCET coolly suggesting (vol. ii. 1852, p. 474) the inoculation of the cobra poison for the cure of inflammation.

Curative syphilization is cruel in the extreme: deaths have occurred in MM. Auzias and Sperino's practice; and it should be noticed that these wholesale inoculations, independently of the repulsive aspect of countless sores upon a patient's body, may instil constitutional syphilis into persons who would perhaps never have had it. Thus in collecting purulent matter for so many chancres, pus from an indurated one may be employed, and the secondary affections, which the syphilizers mean to keep off, may thus be implanted by their own hands upon their unfortunate victims.

Is it not melancholy to hear that some of M. Sperino's patients, after having been unmercifully inoculated to the extent of hundreds of chancres for the cure of *one* have returned to the hospital with secondary symptoms? And upon what grounds does he call his patients syphilized? Merely on the plea that some inoculations failed to produce a pustule after scores had sprung up, and even turned phagedænic. But M. Sperino did not inquire when the inoculations failed, whether the sore, upon which the purulent matter was taken, was really of the kind likely to be regenerated by inoculation, —viz., whether the ulcer was at the period of development, or *statu quo*, after which stages, as shown by M. Ricord, one chancre cannot reproduce another by artificial means. The very reasons which induced M. Sperino to begin his experiments are fallacious: he noticed that some of his female patients affected with chancre suffered from constitutional syphilis, and others not. What more simple and natural? I cannot suppose that M. Sperino is ignorant of the difference between an indurated and a non-indurated chancre. The Italian surgeon noticed, moreover, that inoculations made for the sake of diagnosis hastened the healing of buboes. How was this ascertained? Do not buboes cicatrize by the usual modes of practice? Another unsatisfactory experiment of M. Sperino is the placing of purulent matter from chancre on the vulva, into the vagina, &c., without inducing any sore. He forgets that the mere contact is not sufficient for the action of the pus

when artificial means are used; a solution of continuity is indispensable to produce contamination. This fact has been proved by M. Cull  rier's experiments.

Now, as to M. Auzias, I shall only mention that animals being naturally refractory to the disease, it is no wonder that he failed in inoculating some of them with a great many chancres, since he had much trouble in giving them any at all; and that, concluding that the poor creatures were syphilitized because he could not multiply chancres upon some of them, was making a strange abuse of deductive reasoning. I need not say how the patients fared with his wholesale inoculations: the cases just mentioned speak for themselves; and had he even completely cured either primary or secondary symptoms, the fact would be of no service to his system; for both these *manifestations* may, as has been clearly proved by M. Ricord, be remedied by the simplest means; whilst eradicating the diathesis is quite another matter.

I have thus endeavoured to put syphilization in a proper light before the profession, and I must be excused if I have taken up their time with matters already known to them; but I could not help thinking that British surgeons ought to investigate fairly and candidly a method of treatment which has created much sensation among our continental neighbours. It will not do in our days to shrug one's shoulders, and discard new theories without examination. I confess that I am not prepared to condemn any one without a hearing, and I must say that I feel, perhaps, as anxious as M. Auzias humbly to contribute to the diminution of the evils which are brought upon the human race by syphilis.

I am convinced that one of the steps towards this desirable end is to give every facility of treatment to those who have imprudently erred. We are doubtless less harsh, in our times, with syphilitic patients, than was the custom with our ancestors; but are we really doing our duty towards those who have and who have not the disease? Why, some of our wealthiest charitable institutions profess to exclude syphilis. I am, however, glad to say, that some of the ancient nosocomial establishments have distinct wards for the treatment of vene-

real diseases. But it too often happens, even in these institutions, that patients leave long before they are sufficiently well, there being no means of preventing them, to go and spread the disease abroad. Our Lock Hospital has certainly done much good, but it is small, and very much out of the way.

Let us, then, improve our means of cure, and give every facility to those who seek for relief; let us continue to investigate the pathology of the disease; let us work in the spirit which actuated Dr. Tyler Smith in his late researches upon the uterine and vaginal secretions; let us carefully collect cases, and establish statistical data; let us now and then, by carefully-conducted inoculations, aid our means of diagnosis; let us discuss the questions of the unity or plurality of syphilitic poison, the transmissibility of secondary symptoms, the more or less affinity between scrofula and lues, and the laws of hereditary syphilis,—questions upon which M. Ricord has thrown so much light,—and we shall have no need of so insane a theory and so cruel a practice as that of syphilization.

Brook-street, Grosvenor-square, Feb. 1853.